

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/08/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555795		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - VETERAN S HOME OF CA B. WING _____		(X3) DATE SURVEY COMPLETED 07/02/2008	
NAME OF PROVIDER OR SUPPLIER VETERANS HOME OF CALIFORNIA -				STREET ADDRESS, CITY, STATE, ZIP CODE 700 EAST NAPLES COURT CHULA VISTA, CA 91911			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS The following represents the findings of the Department of Public Health, Life Safety Code Unit, during a Life Safety Code Survey of the facility, using the NFPA 101 2000 Edition (existing) of the Life Safety Code. The facility was surveyed under 42 CFR 483.70(a) for Long Term Care Facilities. Representing the Department of Public Health: Salvador C. Navarro, HFE I K3 Building: 01 K6 Plan Approval: February 28, 2002 K7 Survey Under: 2000 Existing The facility is a one story, Type V, fully sprinklered building. The census is 163.			K 000			
K 012 SS=D	NFPA 1 01 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation the facility failed to maintain it's building construction for 4 of 15 smoke compartments as evidenced by penetrations within the facility walls. These penetrations could result in the reduction in the facility's ability to protect in place against smoke. Findings:			K 012			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 012	Continued From page 1 During an observation with the Facility Staff (FS) on July 1, 2008, 1. at 10:51 a.m., in the Electrical Room (Room A309), there were two approximately three quarters of an inch round penetrations in the back wall. 2. at 11:18 a.m., in the Nurse Station, 300 Unit, there was an approximately five inch round penetration in the wall under the sink. 3. at 1:25 p.m., in Room A1012, there were two approximately three quarters of an inch round penetrations in the right wall. 4. at 1:52 p.m., in the Clean Linen Room (Room A719), there were two approximately three quarters of an inch round penetrations in the front wall. 5. at 1:54 p.m., in the Laundry Room (Room A720), there was an approximately five inch by two inch rectangular penetration in the right wall where the door knob makes contact with the wall. 6. at 1:57 p.m., in the Kitchenette (Room A730), there was an approximately two and a half inch round penetration in the left wall where the door knob makes contact with the wall. 7. at 2:33 p.m., in Room A1410, there were two approximately one half of an inch round penetrations in the ceiling.	K 012	It is the policy of the Veterans Home to maintain the integrity of the building construction. On July 2, 2008, Plant Operations sealed the affected walls: A309, Nurse Station 300 Unit, A 1012, A719, A720, A730 and A1410 with fire barrier caulk. The Chief of Plant Operations will in- service all Department Managers on July 24, 2008 on reporting of wall penetrations. Department Managers will in-service their staff by August 8, 2008 on the reporting of wall penetrations to Plant Operations. The Plant Operation staff will perform routine inspection of walls during the course of facility maintenance. Plant Operations staff will ensure walls are compliant with Life Safety Code Standards and will properly seal penetration upon discovery and/or notification in order to maintain building construction integrity. Rounds will be completed Quarterly on each SNF nursing unit in an effort to identify wall penetrations and findings will be reported to the QA committee.		8/8/08
K 017 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only	K 017			

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K017	Continued From page 2 required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: Based on observation the facility failed to maintain the corridor walls as evidenced by penetrations within the corridor walls in 1 of 15 smoke compartments. These penetrations could compromise the emergency exit path of the residents in case of fire and increase the risk of injury to the residents due to smoke and fire. Findings: During an observation with the FS on July 1, 2008, at 2:20 p.m., in the corridor between Room A1402 and Room A1403, there were four approximately one quarter of an inch round penetrations in the corridor wall. NFPA 1 01 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as	K 017	It is the policy of the Veterans Home to maintain the integrity of the building construction. On July 3, 2008, Plant Operations sealed the affected corridor walls between A1402 and A1403 with spackle. It is the responsibility of all staff to notify the Plant Operations Department upon discovery of wall penetrations via the work order system. The Chief of Plant Operations will in-service all Department Managers on July 24, 2008 on reporting of wall penetrations. Department Managers will in-service their staff by August 8, 2008 on the reporting of wall penetrations to Plant Operations. The Plant Operation staff will perform routine inspection of corridor walls during the course of facility maintenance. Plant Operations staff will ensure corridor walls are compliant with Life Safety Code Standards and will properly seal upon discovery and/or notification in order to maintain building construction integrity. Rounds will be completed Quarterly on each SNF nursing unit in an effort to identify wall penetrations and findings will be reported to the QA committee.		8/8/08
K 018 SS=D		K 018			

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K 018	<p>Continued From page 3</p> <p>those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke, There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CIMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation the facility failed to ensure that all corridor doors in a fully sprinklered building could resist the passage of smoke in 4 of 15 smoke compartments as evidenced by a corridor door with a magnetic hold open device that was not maintained and corridor doors which failed to positive latch upon closure. These findings could result in the reduction in the facility's ability to protect in place against smoke and fire.</p> <p>Findings:</p> <p>During an observation with the FS on July 1, 2008,</p> <p>1. at 10:37 a.m., in the Tub Room (Room</p>	K 018	<p>It is the policy of the Veterans Home to maintain corridor doors in proper working condition to ensure they are capable of resisting the passage of smoke. On July 2, 2008, Plant Operations replaced the magnetic hold open device in room A328. On July 15, 2008, Plant Operations made repairs to ensure doors positively latched in rooms A614, A316, A317, A719, A216 and A229.</p> <p>The Plant Operation staff will perform routine inspection of corridor doors during the course of facility maintenance. Plant Operations staff will ensure corridor doors are compliant with Life Safety Code Standards and will properly repair upon discovery and/or notification in order to maintain building construction integrity. During our fire drills (three per quarter), the magnetic hold open devices are checked by our Plant Operations Department to ensure they secure properly. Rounds will be completed Quarterly on each SNF nursing unit in an effort to ensure that doors positively latch. Findings will be reported to the QA committee.</p>		7/15/08

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K 018	Continued From page 4 A328), the corridor door had a magnetic hold open device that had been destroyed. 2. at 11:10 a.m., in the General Storage Room (Room A614), the corridor door failed to positive latch upon self closure. 3. at 11:21 a.m., Room A316, the corridor door failed to positive latch upon self closure. 4. at 11:25 a.m., in the Clean Utility Room (Room A317), the corridor door failed to positive latch upon self closure. 5. at 1:52 p.m., in the Clean Utility Room (Room A719), the corridor door failed to positive latch upon self closure due to the door not fitting into the door frame. During an observation with the FS on July 2, 2008, 1. at 8:24 a.m., in the Janitorial closet within the Kitchen (Room A216), the corridor door failed to positive latch upon self closure due to the door not fitting into the door frame. 2. at 10:35 a.m., in the Soiled Laundry Sorting Room (Room A229), the corridor door failed to positive latch upon self closure.				
K 025 SS=D	NFPA 1 01 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two	K 025			

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K 025	Continued From page 5 separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation the facility failed to maintain the construction of 1 of 15 smoke barrier walls as evidenced by a penetration within these walls. This penetration could result in the reduction in the facility's ability to protect in place against smoke and fire. Findings: During an observation with the FS on July 1, 2008, at 3:31 p.m., the smoke barrier wall above the corridor door to the Physical Therapy Room (Room A153), there was an approximately one quarter of an inch round gap which surrounded a metal conduit in the center of the wall. NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with 3/4 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	K 025	It is the policy of the Veterans Home to ensure that smoke barrier walls are constructed to provide at least a 1/2 hour fire rating in accordance with 8.3. On July 1, 2008, Plant Operations sealed the wall in room A153 with fire barrier caulk. The Chief of Plant Operations will in- service all Department Managers on July 24, 2008 on reporting of wall penetrations. Department Managers will in-service their staff by August 8, 2008 on the reporting of wall penetrations to Plant Operations. The Plant Operation staff will perform routine inspection of the smoke barrier walls during the course of facility maintenance. Plant Operations staff will ensure smoke barrier walls are compliant with Life Safety Code Standards and will properly seal penetrations upon discovery and/or notification in order to maintain building construction integrity. Rounds will be completed Quarterly on each SNF nursing unit in an effort to identify wall penetrations and findings will be reported to the QA committee.	8/8/08	
K 029 SS=D					

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K 029	Continued From page 6 This STANDARD is not met as evidenced by: Based on observation the facility failed to maintain a hazardous area in 1 of 15 smoke compartments as evidenced by a corridor door of a hazardous area that failed to positive latch upon closure. This finding could result in the spread of fire within the facility and the increased risk of injury to the residents due to fire. Findings: During an observation with the FS on July 1, 2008, at 2:06 p.m., in Room A1115, the room was filled with cardboard boxes that contained medical charts and other paper products, the corridor door failed to positive latch upon self closure. NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to properly hold fire drills as evidenced by missing records for a fire alarm system activation with a fire drill held between the hours of 6 a.m. to	K 029	It is the policy of the Veterans Home to maintain corridor doors in proper working condition to prevent the spread of fire. On July 15, 2008, Plant Operations made repairs to door A1115 to ensure door positively latched. The Plant Operation staff will perform routine inspection of corridor doors during the course of facility maintenance. Plant Operations staff will ensure corridor doors are compliant with Life Safety Code Standards and will properly repair upon discovery and/or notification in order to maintain proper working condition. During our fire drills (three per quarter), the magnetic hold open devices are checked by our Plant Operations Department to ensure they secure properly. Rounds will be completed Quarterly on each SNF nursing unit in an effort to ensure that doors positively latch. Findings will be reported to the QA committee.		8/8/08
K 050 SS=E					

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K 050	Continued From page 7 9 p.m. and 1 of 2 Facility Staff Members (FSM 1) who did not know the procedures to perform in case of a fire within the facility. These findings could result in the reduced ability of the FS to protect the residents in the event of fire and an increased risk of injury to the residents due to fire. Findings: During record review with the FS on July 1, 2008, at 9:38 a.m., the fire drill records that were provided by the facility indicated that the fourth quarter 2007 NOC shift drill was held at 6:45 a.m. The fire alarm system was not activated for this drill. The fire drill record reported: 'Alarm System Used...Telephone. Phone call made to units announcing Code Red on 700'. During an interview with FSNA 1 on July 2, 2008 at 8:30 a.m. he/she stated that in case of a fire within the Kitchen, the FS were to evacuate the area and meet outside of the building. When asked if that was the only procedure that was taught to the staff, FSM 1 responded 'yes'. FSM 1 did not identify the location of the closest manual pull station for the fire alarm system, the closest fire extinguisher or describe how to use the fire extinguisher (P.A.S.S.).	K 050	It is the policy of the Veterans Home to hold a quarterly fire drill on each shift. Drills are conducted by the Health and Safety Officer and the night shift drills are done between 0100 and 0600 to allow for full staff participation. The drill dated December 29, 2007 was documented as being a telephone notification @ 0645. An audible alarm will sound during fire drills between the hours of 0600 and 2100. All future night shift drills will be documented and forwarded to the Standards Compliance Coordinator within 48 hours to review compliance with the regulation pertaining to sounding the Alarm between the hours of 0600 and 2100. Variances will be reported through the QA and Health and Safety Committees.	7/21/08	
K 051 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of	K 051			

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K 064	<p>Continued From page 9</p> <p>This STANDARD is not met as evidenced by: Based on observation the facility failed to maintain their fire extinguishers in 1 of 15 smoke compartments as evidenced by obstructions to the access to a fire extinguisher within the facility. This finding could delay the extinguishment of a fire within the facility and increase the risk of injury to the residents due to fire.</p> <p>Findings:</p> <p>During an observation with the FS on July 2, 2008, at 8:20 a.m., in the Kitchen, 1 of 3 fire extinguishers was obstructed by two ice chest carts.</p> <p>NFPA 10 Standard for Portable Fire Extinguishers, 2002 Edition 1.5.2, 1.5.3, 1.5.7, 1.5.8, 1.5.9, 1.5.10, 6.1.2, 6.2.4.1, 6.2.4.2, 6.2.4.3</p> <p>1.5.2 Portable fire extinguishers shall be maintained in a fully charged and operable condition and shall be kept in their designated places at all times when they are not being used.</p> <p>1.5.3 Fire extinguishers shall be conspicuously located where they will be readily accessible and immediately available in the event of fire. Preferably, they shall be located along normal path of travel, including exits from area.</p> <p>1.5.7 Portable fire extinguishers other than wheeled extinguisher shall be installed securely</p>	K 064	<p>It is the policy of the Veterans Home to maintain access to our Fire Alarm System Devices. On July 2, 2008, Plant Operations immediately relocated the ice chest carts to provide access to the fire extinguisher in the kitchen.</p> <p>A sign will be placed near the fire extinguisher to instruct everyone not to block the extinguisher. All Food Service Staff was in-serviced on fire safety precautions on 7/22/08. The Standards Compliance Coordinator will monitor weekly using a monitoring tool. Variances will be reported to the QA Committee.</p>	7/22/08	

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K 064	Continued From page 10 on the hanger, or in the bracket supplied by the extinguisher manufacturer, or in a listed bracket approved for such purpose, or placed in cabinets or wall recesses. Wheeled fire extinguishers shall be located in a designated location. 1.5.8 Fire extinguishers installed under conditions where they are subject to dislodgement shall be installed in manufacturer's strap-type brackets specifically designed to cope with this problem. 1.5.9 Fire extinguishers installed under conditions where they are subject to physical damage, (e.g., from impact, vibration, the environment) shall be adequately protected. 1.5.10 Fire extinguishers having a gross weight not exceeding 40 lbs(18.14 kg) shall be installed so that the top of the fire extinguisher is not more than 5 ft (1.53 m) above the floor. Fire extinguishers having a gross weight of more than 40 lb (18.14 kg) (except wheel type) shall be so installed that the top of the fire extinguisher is not more than 3.5 ft (1.07 m) above the floor. In no case shall the clearance between the bottom of the fire extinguisher and the floor be less than 4 in (10.2 cm).	K 064			
K 066 SS=E	NFPA 1 01 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.	K 066			

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K 066	<p>Continued From page 11</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>This STANDARD is not met as evidenced by: Based on record review, observation and interview the facility failed to maintain the designated smoking areas as evidenced by cigarette butts disposed of with combustible refuse, cigarette butts disposed of on the ground and the use of areas, not designated as a smoking area, as such. This finding could result in the increased risk of fire within the facility.</p> <p>Findings:</p> <p>During record review with the FS on July 1, 2008, the smoking policy provided by the facility reported that the Designated Smoking Areas as:</p> <ol style="list-style-type: none"> 1. Patio area outside of the Laundry Room A320 of Unit 300. 2. East Patio outside of the SNF Dining Room between the 300 and the 700 Unit. 3. Outside Corridor across from Room A813 of 	K 066	<p>It is the policy of the Veterans Home to maintain the designated smoking areas to reduce the risk of fire within the facility. The facility smoking policy has been reviewed and updated to include all designated non-smoking areas.</p> <p>The Plant Operations staff immediately removed all cigarette butts from the grounds located behind the Multipurpose Room on the 1100 unit and the Japanese Garden.</p> <p>A full-time groundskeeper performs routine inspection on sidewalks and grounds and will continue to pick up cigarette butts daily. Housekeeping checks all garbage containers to ensure combustible material is not disposed of with cigarette butts. The facility will assess the placement and type of current ashtrays and will relocate, replace and/or provide additional ash receptacles. Residents and staff were reminded at a Facility Meeting on July 17, 2008 to dispose of cigarette butts in the appropriate receptacles and only smoke in designated areas.</p>	7/17/08	

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K 066	<p>Continued From page 12 Unit 700. 4. Outside corridor area behind the multipurpose room on the 1100 Unit.</p> <p>During an observation with the FS on July 1, 2008,</p> <p>1. at 3:48 p.m., in the Designated Smoking Area, East Patio, outside of the Skilled Nursing Facility Dining Room between the 300 and the 700 unit (Patio outside of the Rose Garden Dining Room), there were three cigarette butts that were disposed of with combustible refuse (paper and plastics) in a garbage container.</p> <p>2. at 3:54 p.m., in the Designated Smoking Area, outside of the corridor area behind the Multipurpose room on the 1100 unit (Administrative Patio), there were ten cigarette butts that were disposed of on the ground.</p> <p>3. at 4:01 p.m., in the Japanese Garden, this area was not designated by the facility as a smoking area per their smoking policy. FS stated that this area was one of the more heavily used areas for residents who smoke. This area was equipped with cigarette butt containers. There were approximately twenty cigarette butts that were disposed of with combustible refuse (paper and plastics) in a garbage container. There were approximately ten cigarette butts disposed of on the ground.</p> <p>4. at 4:05 p.m., in the Main Entrance of the Facility, this was not designated by the facility as a smoking area per their smoking policy. FS stated that this area has cigarette butt containers for those family members that do smoke and</p>	K 066			

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K 066	Continued From page 13 need to extinguish their cigarettes prior to entering the building. Within 2 of 3 cigarette butt containers within this area, there were combustible refuse (paper) disposed of with the cigarette butts.	K 066			
K 074 SS=D	5. at 4,10 p.m., in the Patio outside of the Cafeteria, this was not designated by the facility as a smoking area per their smoking policy. There were approximately fifteen cigarette butts that were disposed of with combustible refuse (paper) in a garbage container. NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701. Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13 Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3), 10.3.4. 19.7.5.3 This STANDARD is not met as evidenced by: Based on observation and interview, the facility	K 074			

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K 074	Continued From page 14 failed to insure that all loosely hanging fabrics were maintained to be fire resistant 2 of 15 smoke compartments as evidenced by wall hangings with record of flame spread rating or record of being treated to resist the spread of fire. This finding could result in increased rate of spread of a fire within the facility and the increased risk of injury to the residents due to fire. Findings: During an observation with the FS on July 1, 2008, 1. at 2:36 p.m., in Room A1411, there was an approximately four foot by five foot wall tapestry that hung from the wall. There was no record that could be provided by either the resident nor the FS regarding the flame spread rating of the wall tapestry. The FS stated that the wall tapestry had not been treated at the facility by any member of the staff to resist the spread of fire. 2. at 3:16 p.m., in Room A1209, there was an approximately six foot by three foot nylon flag that hung from the wall. There was no record that could be provided by either the resident nor the FS regarding the flame spread rating of the flag. The FS stated that the flag had not been treated at the facility by any member of the staff to resist the spread of fire. NFPA 1 01 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than	K 074	It is the Policy of the Veterans Home to ensure that all loosely hanging fabrics are maintained to be fire resistant. The tapestry and flag in room A1411 and A1209 were treated with fire retardant spray on 7/22/08. This was documented in the resident's medical record. Residents are notified upon admission to not hang any items in their room without the assistance and approval of Plant Operations. The Standards Compliance Coordinator will monitor weekly using a monitoring tool. If fabric wall hangings are found and resident agrees, the item will be treated with fire retardant spray and logged as completed. If resident does not agree, the item will be removed. Variances will be reported to the QA Committee.	7/22/08	
K 076 SS=D					

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K 076	<p>Continued From page 15</p> <p>3,000 cu. ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu. ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the medical gas storage areas in 2 of 15 smoke compartments as evidenced by the storage of the oxygen tanks with combustible materials and an oxygen tank that was stored free standing. These findings could increase the risk of fire and fire spread throughout the facility and the increased risk of injury to the residents due to fire.</p> <p>Findings:</p> <p>During an observation with the FS on July 1, 2008,</p> <p>1. at 10:34 a.m., in the Oxygen Storage Room (Room A237), there was a green plastic drape that was stored within approximately ten inches of fifteen "e" oxygen tank. There was one "e" oxygen tank that was stored free standing.</p> <p>2. at 2:42 p.m., in the Oxygen Storage Room (Room A 127), there was a paper towel dispenser that contained paper towels and a plastic garbage bin with a plastic garbage bag, that was two feet of four "e" oxygen tank.</p>	K 076	<p>It is the policy of the Veterans Home to not store combustible materials with oxygen and to store all oxygen tanks in a rack.</p> <p>The green plastic drape in room A237 was immediately removed. The paper towel dispenser in room A127 was removed on 7/21/08.</p> <p>The Health and Safety officer will monitor compliance through monthly rounds. The Standards Compliance Coordinator will monitor weekly using a monitoring tool. Variances will be reported to the QA Committee.</p>	7/21/08

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K 076	Continued From page 16 NFPA 99 Health Care Facilities (1999) 8-3.1.11 Storage Requirements. 8-3.1.11.2 Storage for nonflammable gases less than 3000 ft ³ (85 m ³). (a) Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited-combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry. (b) Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with flammable gas, liquid, or vapor. (c) Oxidizing gases, such as oxygen and nitrous oxide, shall be separated from combustibles or incompatible materials by either: 1. A minimum of 25 ft (6.1 m), or 2. A minimum of 5 ft (1.5 m) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, or 3. An enclosed cabinet of noncombustible construction having a minimum fire protection rating of one-half hour for cylinder storage. An approved flammable liquid storage cabinet shall be permitted to be used for cylinder storage. (d) Liquefied gas container storage shall comply with 4-3.1.1.2(b)4. (e) Cylinder and container storage locations shall meet 4-3.1.1.2(a) 1 e with respect to temperature limitations. (f) Electrical fixtures in storage locations shall meet 4-3.1.1.2(a) 1 1 d. (g) Cylinder protection from mechanical shock shall meet 4-3.5.2.1 (b) 3.	K 076			

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K 076	Continued From page 17 (h) Cylinder or container restraints shall meet 4-3.5.2. 1 (b)27. (i) Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 20 ft (6.1 m) of outside storage locations. (j) Cylinder valve protection caps shall meet 4-3.5.2. 1 (b) 14. NFPA 99 Health Care Facilities (1999) 4-3.1.1.2 Storage Requirements (Locations, Construction, Arrangements). 7. Combustible materials, such as paper, cardboard, plastics, and fabrics shall not be stored or kept near supply system cylinders or manifolds containing oxygen or nitrous oxide. Racks for cylinder storage shall be removed prior to storage.	K 076			
K 147 SS=F	NFPA 1 01 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the electrical system for 11 of 15 smoke compartments as evidenced by the use of an unauthorized extension cord, the use of an unauthorized electrical outlet adaptor, the unauthorized use of a surge protector and the obstruction to the access to the electrical panels. These findings could increase the risk of fire and injury to the residents due to fire within the facility. Findings:	K 147			

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K 147	<p>Continued From page 18</p> <p>During an observation with the FS on July 1, 2008,</p> <ol style="list-style-type: none"> 1. at 10:20 a.m., in Room A406, there was an extension cord that connected the TV to the electrical outlet. 2. at 10:31 a.m., in Room A412, there was a three outlet adaptor that connected the radio to the electrical outlet. There was an extension cord that connected a lamp to the electrical outlet. 3. at 11:02 a.m., in Room A606, there was a six outlet adaptor that connected the electric bed and the radio to the electrical outlet. 4. at 11:11 a.m., in Room A612, there was an extension cord that connected the TV to the electrical outlet. 5. at 11:28 a.m., in the Rose Garden Cafe (Room A187), there was a surge protector that connected a microwave oven to the electrical outlet. 6. at 11:33 a.m., in the Activities Office (Room A183), there was a surge protector that connected a mini-refrigerator to the electrical outlet. There was one surge protector that connected the computer to a second surge protector which was connected to the electrical outlet (piggy back). There was an extension cord that connected the desk lamp to the electrical outlet. 7. at 11:58 a.m., in the MDS Coordinator / Nurse Evaluator Office (Room A708), there was a surge protector that connected a mini-refrigerator 	K 147	<p>It is the policy of the Veterans Home to maintain the electrical system by prohibiting the use of unauthorized extension cords, unauthorized electrical outlet adapters and unauthorized surge protectors, and by maintaining unobstructed access to all electrical panels.</p> <p>The unauthorized electrical cords and equipment were removed and electrical panels were unblocked. A display board will be created and displayed in our main lobby by August 1, 2008 to educate residents, visitors and staff on what electric cords and equipment are acceptable.</p> <p>The Chief of Plant Operations will in-service all Department Managers on July 24, 2008 on appropriate use of electrical cords and equipment. The Department Managers will then in-service their staff by August 8, 2008 on appropriate use of electrical cords and equipment.</p> <p>Rounds will be completed Quarterly on each SNF nursing unit in an effort to identify the unauthorized use of electrical cords and equipment. Findings will be reported to the QA committee.</p>	8/8/08	

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K 147	<p>Continued From page 19 to the electrical outlet.</p> <p>8. at 1:11 p.m., in Room A908, there was a three outlet adaptor that connected the cordless phone to the electrical outlet.</p> <p>9. at 1:16 p.m., in Room A905, there was an extension cord that connected the lamp to a surge protector that was connected to the electrical outlet.</p> <p>10. at 1:45 p.m., in the Unit Manager Office (Room A722), there was a surge protector that connected a mini-refrigerator to the electrical outlet.</p> <p>11. at 1:50 p.m., in the Soiled Utility Room (Room A718), there were two extension cords that connected two battery chargers to the electrical outlet.</p> <p>12. at 2:02 p.m., in the Soiled Utility Room (Room A1118), there were two extension cords that connected two battery chargers to the electrical outlet.</p> <p>13. at 2:12 p.m., in the Unit Manager Office (Room A1112), there was a surge protector that connected a mini-refrigerator to the electrical outlet.</p> <p>14. at 2:22 p.m., in Room A1404, there was an extension cord that connected the radio to the electrical outlet.</p> <p>15. at 2:26 p.m., in Room A1407, there was a three outlet adaptor that connected the cordless phone to the electrical outlet.</p>	K 147			

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K 147	<p>Continued From page 20</p> <p>16. at 2:31 p.m., in Room A1409, there was a three outlet adaptor that connected a surge protector with an attached TV to the electrical outlet.</p> <p>17. at 2:47 p.m., in the Registered Dietician Office (Room A 108), there was a surge protector that connected a mini-refrigerator to the electrical outlet.</p> <p>18. at 2:53 p.m., in Room A1305, there was a six outlet adaptor that connected the cordless phone to the electrical outlet.</p> <p>19. at 3:12 p.m., in Room A1207, there was a three outlet adaptor that connected the night light to the electrical outlet.</p> <p>20. at 3:20 p.m., in Room A121 1, there was a three outlet adaptor that connected the electric shaver to the electrical outlet.</p> <p>During an observation with the FS on July 2, 2008,</p> <p>1. at 8:16 a.m., in the Kitchen, the access to four electrical panels which serve the cooking area hood vents, was obstructed by three food bins and two ice cream freezers.</p> <p>2. at 10:18 a.m., in the Training Room (Room A258), there was an extension cord that connected a surge protector with a computer attached, to the electrical outlet (piggy back).</p> <p>3. at 10:33 a.m., in the Medical Records Office (Room A236), there was an extension cord that connected the cubicle lamp to a surge</p>	K 147			

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K 147	<p>Continued From page 21</p> <p>protector which was connected to the electrical outlet.</p> <p>4. at 10:38 a.m., in the Clean Laundry Room (Room A225), the access to the electrical panel was obstructed by six clean linen mobile carts.</p> <p>5. at 10:42 a.m., in the Director of Environmental Services Office (Room A223), there was one surge protector that connected the electric fan to a second surge protector which was connected to the electrical outlet (piggy back).</p> <p>NFPA 70 National Electric Code (1 999 edition)</p> <p>400-7. Uses Permitted</p> <p>(a) Uses. Flexible cords and cables shall be used only for the following:</p> <p>(1) Pendants</p> <p>(2) Wiring of fixtures</p> <p>(3) Connection of portable lamps, portable and mobile signs, or appliances</p> <p>(4) Elevator cables</p> <p>(5) Wiring of cranes and hoists</p> <p>(6) Connection of stationary equipment to facilitate their frequent interchange</p> <p>(7) Prevention of the transmission of noise or vibration</p> <p>(8) Appliances where the fastening means and mechanical connections are specifically designed to permit ready removal for maintenance and repair, and the appliance is intended or identified for the flexible cord connection</p> <p>(9) Data processing cables as permitted by Section 645-5</p>	K 147			

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NAME OF PROVIDER OR SUPPLIER VETERANS HOME OF CALIFORNIA -			STREET ADDRESS, CITY, STATE, ZIP CODE 700 EAST NAPLES COURT CHULA VISTA, CA 91911		
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K 147	Continued From page 22 (10) Connection of moving parts (11) Temporary wiring as permitted in Sections 305-4(b) and 305-(4c)	K 147			

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